

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-0258



March 2, 2001

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Outstationed Eligibility Workers Coordinators  
All County Health Executives  
All County Mental Health Directors

Letter No.: 01-13

**OUTSTATIONED ELIGIBILITY WORKER (EW) PROGRAM PETITIONS AND REPORTING UPDATE**

Ref.: All County Welfare Directors Letter Nos. 89-114, 91-25, 91-108, 92-16, 93-18, 94-23, 95-05, 96-07, 97-04, 98-13, 00-06, and 00-44.

The purpose of this letter is to provide counties with information concerning the petitioning and reporting process for the Outstationed EW program for fiscal year (FY) 2001-2002. Enclosed with this letter are forms which must be completed and returned to the Medi-Cal Eligibility Branch (MEB) no later than **March 16, 2001**.

**Omnibus Budget Reconciliation Act (OBRA) OF 1990 OUTSTATIONING****Petitioning:**

Under OBRA of 1990, it is still mandatory that county social services agencies outstationed EWs at Disproportionate Share Hospitals (DSHs) and Federally Qualified Health Centers (FQHCs) unless it can be demonstrated that it is not administratively cost effective. County social services agencies are reminded that although they have discretion to deny an OBRA '90 petition from a site with low monthly volumes of potentially eligible pregnant women and children, FQHCs with multiple sites are mandated to have an outstationed EW at least at one of their satellite sites. The only exception to this general requirement occurs when each site under the same FQHC corporate name fails to demonstrate that it can support an outstationed worker. In each case, other alternatives must be considered, such as limiting the placement of EWs to a few hours a day, certain days of the week, or rotating EWs between the sites of a multi-site FQHC.

The counties are required to submit new petitions only for the sites which have not participated in the outstationing program in the past, and which presently meet the criteria for outstationing under OBRA '90. The original intent of outstationing still remains to make quick determinations of Medi-Cal eligibility for pregnant women and children up to the age of 19.

All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Outstationed Eligibility Workers Coordinators  
All County Health Executives  
All County Mental Health Directors  
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In the past we sent a letter to only new FQHCs and DSHs to make them aware of the availability of the outstationing program and their obligation to contact the county to indicate their interest. However, this year we are sending this letter to all FQHCs and DSHs. The reason we are sending it to all is because some facilities may not have been previously interested, but may now have an interest in acquiring outstationed EWs (see Enclosure A).

We have also enclosed a copy of the OBRA '90 Outstationing of Eligibility Workers (EW) Petition B (see Enclosure B). If your county needs more than one petition, please make additional copies.

### **PERINATAL OUTSTATIONING**

#### **Petitioning:**

Complete Petition C, "Perinatal—Outstationing of Eligibility Workers (EW) Petition" for each Perinatal site where the county is proposing to outstation workers and/or existing location where a new EW is justified (see Enclosure C).

**NOTE:** If the county has Perinatal facilities which are FQHCs or DSH, funding should be requested under the OBRA '90 Petition.B.

### **REPORTING REQUIREMENTS**

It continues to be mandatory that counties submit statistical reports for outstationing OBRA '90 and Perinatal programs monthly. When a Perinatal site becomes an OBRA '90 qualified site, the site then needs to be reported on the OBRA '90 outstationing report. The OBRA '90/Perinatal reports should be received by MEB no later than 15 days after the last day of the report month. A copy of the report forms are included with this letter (see Enclosures D and E). Please reproduce the form according to your needs.

Please accept my sincere appreciation for your excellent cooperation and hard work in implementing and maintaining the outstationing program.

All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Outstationed Eligibility Workers Coordinators  
All County Health Executives  
All County Mental Health Directors  
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If you have budget questions, please direct them to your administrative director. If you have any questions regarding the program policies, please contact Mr. Chet Heine of my staff at (916) 657-0837.

Sincerely,

ORIGINAL SIGNED BY  
BUD LEE for

Glenda Arellano  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosures

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320 - ----  
(916) 657-0258



Dear Hospital/Clinic Administrator:

The purpose of this letter is to provide information about provisions of the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) which mandated the outstationing of Eligibility Workers (EWs) at Disproportionate Share Hospitals, Federally Qualified Health Centers, Look-A-Like Clinics, and Indian Health Centers. The outstationed EWs accept and process Medi-Cal applications from pregnant women and children up to age 19. In the past we have sent this letter to only newly qualified facilities; however, this year we are sending it to all facilities mandated by OBRA '90 for the outstationing of eligibility workers.

In California, the county social service agencies have the responsibility to determine Medi-Cal eligibility. Your facility/clinic was identified as a site which is eligible to participate in this program. If you think you may want to participate or modify your current participation, please read the information below, return the enclosed form, and contact your county social service (also known as welfare) agency to discuss your interest in outstationing.

The program mandating the outstationing of EWs offers many advantages to the facilities/clinics involved. As you may not be aware of the benefits of having an outstationed EW, we are writing directly to you.

Among the advantages of having an outstationed EW are:

On-site Medi-Cal eligibility can make the application process easier for clients by allowing them to apply for Medi-Cal and receive services at the same location. Many clients who do not have access to an on-site EW do not apply for Medi-Cal for the following reasons:

They have problems getting to a local social service office to apply for assistance because of excessive distance or inadequate transportation; and

They are unwilling to apply for assistance at county social service offices.

Some clients who apply at the county social service agency often do not complete the application process. They view the application form as long and complicated and do not understand documentation requirements. Pregnant women applying at county social service offices often do not receive coverage until late in the pregnancy due to failure to provide required documentation. Studies have shown the majority of clients applying at outstationed locations complete the application process. This is partially due to the fact that it is more convenient, comfortable, and there is more time for the EW to answer questions.

Hospital/Clinic Administrator  
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When a client applies for Medi-Cal at an on-site location, the eligibility determination usually occurs more rapidly than when the client applies at the social services offices. This often results in faster payment for the provider of service. Some of the reasons for the quicker eligibility determination are:

The on-site EW works cooperatively with clinic staff. If there is a problem related to the application process, follow-up can be done at the time the client comes in to receive services; and

EWs in outstationed locations typically have smaller caseloads than workers in county social services offices. As a result, more time is available to follow-up with applicants.

Clinics/hospitals with EWs outstationed have reported a decline in the costs of uncompensated care.

Many counties in California have implemented very successful outstationing programs. Both clients and clinics report increased satisfaction with the Medi-Cal application process at these sites. Outstationing of EWs has removed many barriers and increased the accessibility of Medi-Cal for pregnant women and children in California.

**The following factors should be kept in mind concerning the outstationing of EWs:**

1. In determining how to implement outstationing, the social service agency will take into consideration such factors as projected number of applications from the targeted population, travel time involved, availability of EWs with language skills necessary for the targeted population, and other factors;
2. The number of hours an EW is assigned to an outstationed location varies according to the number of projected and actual applications. In high use areas, one or more workers may be assigned full time. In other areas, workers may be assigned only one day per week or less; and
3. If the county social service agency determines that outstationing is feasible at your location, they will petition the State Department of Health Services (SDHS) for funding. If the SDHS approves the county's outstationing plan, EWs can be outstationed when the necessary appropriations are approved through the State budgetary process.

Hospital/Clinic Administrator  
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So that we may document our efforts to comply with the OBRA '90 outstationing mandate, we are asking your cooperation in completing the form enclosed with this letter and returning it to the address shown on the form by **March 16, 2001**. In addition to completing and returning the enclosed form to the Department of Health Services, you must also make timely contact with your county social services agency to indicate your interest in outstationing.

If you have any questions about the information in this letter or general questions about OBRA '90 outstationing of EWs, please contact Mr. Chet Heine of my staff at (916) 657-0837.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosure

**OUTSTATIONING OF ELIGIBILITY WORKERS  
INTEREST INQUIRY FORM**

NAME OF CLINIC/HOSPITAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

We are interested in pursuing the feasibility of having an eligibility worker located at this hospital/clinic. We understand that we are responsible for contacting our county welfare department to indicate our interest in obtaining an eligibility worker.

Name of Facility Contact Person: \_\_\_\_\_

Phone Number of Facility Contact Person: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME OF CLINIC/HOSPITAL: \_\_\_\_\_

We are not interested in having an eligibility worker located at this hospital/clinic to take Medi-Cal applications from pregnant women and children for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Title of Person Completing Form: \_\_\_\_\_

Telephone Number of Person Completing Form: \_\_\_\_\_

Please Return Completed Form to:

Department of Health Services  
Medi-Cal Eligibility Branch  
Attention: Chet Heine  
714 P Street, Room 1650  
P.O. Box 942732  
Sacramento, CA 94234-7320

FAX No.: (916) 657-2498

## OBRA '90--OUTSTATIONING OF ELIGIBILITY WORKERS (EW) PETITION B

(Note: Complete this form for each new OBRA '90 Site where you are proposing to outstation workers and/or existing location where a new EW is justified.

County \_\_\_\_\_

Hospital/Clinic Name \_\_\_\_\_

Provider Number \_\_\_\_\_

Type of Facility:

Disproportionate Share Hospital \_\_\_\_\_ FQHC \_\_\_\_\_ Look-Alike Clinic \_\_\_\_\_

Indian Health Center \_\_\_\_\_ Other (Specify) \_\_\_\_\_

1. Estimated total number of EW hours per month necessary to process applications from OBRA '90 targeted population? \_\_\_\_\_
2. How many EWs are needed to process OBRA '90 cases? \_\_\_\_\_
3. What is projected number of applications which will be processed at this location? \_\_\_\_\_
4. What is your county's FY 00-01 intake target? \_\_\_\_\_
5. What is estimated staff travel time to process applications at this location? (Hours per month) \_\_\_\_\_
6. Please indicate which days outstationed worker will visit this site?  
Circle days    M       T       W       Th       F
7. How many hours on each day? \_\_\_\_\_
8. Describe what arrangements will be made to meet OBRA '90 mandates of having staff available during hours welfare offices are normally open, e.g., posting notices, etc.  
\_\_\_\_\_  
\_\_\_\_\_
9. Will facility staff be used to assist in Medi-Cal process, such as distribution of forms, scheduling interviews, etc?    Yes \_\_\_\_\_    No \_\_\_\_\_  
If yes, describe extent to which facility staff will be utilized.  
\_\_\_\_\_  
\_\_\_\_\_



10. Based on information received from facility, what is that primary language of potential applicants?  
English \_\_\_\_\_% Spanish \_\_\_\_\_% Chinese \_\_\_\_\_% Vietnamese \_\_\_\_\_%  
Other \_\_\_\_\_ (Specify) \_\_\_\_\_%
11. Does your county currently have, or anticipate being able to hire sufficient bilingual staff to meet the needs of targeted population? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Please provide fiscal analysis of the incremental funding:  
EXAMPLE:  
(ESTIMATED OBRA App/Mo)  
100% - (No. of Requested EWs) X FY 00/01 Intake Target\* = Incremental %  
100% - (Question 3)  
(Question 2) X Question 4 = Incremental %
13. Describe mechanism counties will use to oversee the quality assurance of eligibility decisions by outstation staff.

Name of Facility Contact Person \_\_\_\_\_

Phone Number of Facility Contact Person \_\_\_\_\_

County Welfare Director's Signature \_\_\_\_\_

\* Intake Target will be adjusted if it changes for FY 2001-2002.

Enclosure C

PERINATAL--OUTSTATIONING OF ELIGIBILITY WORKERS (EW) PETITION C

(Note: Complete this form for each new Perinatal Site where you are proposing to outstation workers and/or existing location where a new EW is justified.

County \_\_\_\_\_

1. Estimated total number of EW hours per month necessary to process applications from Perinatal targeted population? \_\_\_\_\_
2. How many EWs are needed to process Perinatal cases? \_\_\_\_\_
3. What is projected number of applications which will be processed at this location? \_\_\_\_\_
4. What is your county's FY 00-01 intake target? \_\_\_\_\_
5. What is estimated staff travel time to process applications at this location? (Hours per month) \_\_\_\_\_
6. Please indicate which days outstationed worker will visit this site?  
Circle days      M      T      W      Th      F
7. How many hours on each day? \_\_\_\_\_
8. Will facility staff be used to assist in Medi-Cal process, such as distribution of forms, scheduling interviews, etc?    Yes \_\_\_\_\_    No \_\_\_\_\_  
If yes, describe extent to which facility staff will be utilized.  
\_\_\_\_\_  
\_\_\_\_\_
9. Based on information received from facility, what is that primary language of potential applicants?  
English \_\_\_\_\_%    Spanish \_\_\_\_\_%    Chinese \_\_\_\_\_%    Vietnamese \_\_\_\_\_%  
Other \_\_\_\_\_ (Specify) \_\_\_\_\_%
10. Does your county currently have, or anticipate being able to hire sufficient bilingual staff to meet the needs of targeted population?    Yes \_\_\_\_\_    No \_\_\_\_\_

11. Please provide fiscal analysis of the incremental funding:

EXAMPLE:

(ESTIMATED OBRA App/Mo)  
100% - (No. of Requested EWs) X FY 00/01 Intake Target\* = Incremental %

100% - (Question 3)  
(Question 2) X Question 4 = Incremental %

12. Describe mechanism counties will use to oversee the quality assurance of eligibility decisions by outstation staff.

Name of Facility Contact Person \_\_\_\_\_

Phone Number of Facility Contact Person \_\_\_\_\_

County Welfare Director's Signature \_\_\_\_\_

\* Intake Target will be adjusted if it changes for FY 2001-2002.

COUNTY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**Total Number of Eligibility Workers Positions Assigned to OBRA 90 Outstationing**\_\_\_\_\_

CLINIC NAME & ADDRESS	NUMBER OF WORKERS ASSIGNED	NUMBER APPS. TAKEN Preg. Women	NUMBER APPS. APPROVED Preg. Women	NUMBER APPS. TAKEN Children	NUMBER APPS. APPROVED Children
<b>TOTAL</b>					

***County Contact Person***

( )  
**Telephone Number**

**SEND ONE COPY OF REPORT TO:**

**STATE DEPARTMENT OF HEALTH SERVICES**  
**Medi-Cal Eligibility Branch**  
**Outstationing - OBRA 90 Coordinator**  
**714 P Street, Room 1650**  
**Sacramento, CA 95814**

# PERINATAL OUTSTATIONING REPORT FORM

COUNTY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**Total Number of Eligibility Workers Positions Assigned to Perinatal Outstationing**\_\_\_\_\_

CLINIC NAME & ADDRESS	NUMBER OF WORKERS ASSIGNED	NUMBER APPLICATIONS TAKEN Pregnant Women	NUMBER APPLICATIONS APPROVED Pregnant Women
<b>TOTAL</b>			

***County Contact Person***

                      
*Telephone Number*

**SEND ONE COPY OF REPORT TO:**

**STATE DEPARTMENT OF HEALTH SERVICES  
Medi-Cal Eligibility Branch  
Outstationing - OBRA 90 Coordinator  
714 P Street, Room 1650  
Sacramento, CA 95814**